

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 179  
Registered No. 37

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Rural Route No. 1 - Gordon St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Alan Alvin Goodman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth Jan. 25 - 1929  
Month Day Year

8. FATHER

Full name Alvin Francis Goodman

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami,  
Arizona.

10. Color or race

Cauc.

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

St. David,  
Arizona.

13. Occupation

Nature of Industry

clerk  
mining

14. MOTHER

Full maiden name

Angie Maud Williams

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami,  
Arizona.

16. Color or race

Cauc.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country)

Safford,  
Arizona.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:40 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature

Byril M. Brown M.D.  
Physician

(Physician or midwife.)

Given name added from  
a supplemental report

Month, day, year

Address

Miami, Arizona

Filled

Feb 1, 1929

Do. G. Brown

Registrar

Registrar

475-125-162